

Wisconsin Medicaid Fee Schedule

Case Management Services

Effective for dates of service on and after July 1, 2001

| Procedure Code | Description | Contracted Hourly Rate | Reimbursement (federal share) Processed through 09/30/01 | Reimbursement (federal share) Processed on and after 10/01/01 |
|----------------|---|------------------------|--|---|
| W7051 | Assessment | \$41.93 | \$24.86 | \$24.56 |
| W7061 | Case Planning | \$41.93 | \$24.86 | \$24.56 |
| W7062 | Institutional Discharge Planning | \$41.93 | \$24.86 | \$24.56 |
| W7071 | Ongoing Monitoring and Service Coordination | \$41.93 | \$24.86 | \$24.56 |

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Effective for dates of service on and after July 1, 2001

This is your Wisconsin Medicaid Fee Schedule. Wisconsin Medicaid-certified providers will be reimbursed the rates listed on this schedule for covered services provided to eligible recipients.

This fee schedule contains the following information:

| | |
|--------------------------------------|--|
| Effective Date | The effective date of service on and after which the reimbursement rate applies. |
| Procedure Code | The procedure code recognized by Wisconsin Medicaid to identify the service provided. |
| Description | An abbreviated description of the procedure code. |
| Contracted Hourly Rate | The uniform hourly rate determined by the DHCF. |
| Reimbursement (federal share) | The federal share of the contracted hourly rate. This is the amount paid per hour by Wisconsin Medicaid. |

The fee schedule does not address the various coverage limitations routinely applied by Wisconsin Medicaid before final payment is determined (e.g., recipient and provider eligibility, billing instructions, frequency of services, third-party liability, copayment, age restrictions, prior authorization, etc.).

The preceding information is intended to help you understand the Wisconsin Medicaid fee schedule. If you have questions about the fee schedule, please call Provider Services at (800) 947-9627 or (608) 221-9883. If you have questions about rates, please contact the Division of Health Care Financing by writing to:

Case Management Services Policy Analyst
Division of Health Care Financing
P.O. Box 309
Madison, WI 53701-0309